

Jennifer Webb, MA  
Seasons Counseling Center, LLC

**INTAKE INFORMATION**

Client's Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marriage Status \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Length of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Spouse/Partner's Name (of Parent, if minor) \_\_\_\_\_

Spouse's Education \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Length of Employment \_\_\_\_\_

Immediate Family Members (those who live with you)	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you presently under the care of a physician or other health care provider? \_\_\_\_\_

If so, please state the reason \_\_\_\_\_

Physician's Name, Address and Phone \_\_\_\_\_

Current Medications and Doses \_\_\_\_\_

Date of Last Medical or Physical Exam \_\_\_\_\_ Condition \_\_\_\_\_

Past Illnesses or Surgeries \_\_\_\_\_

\_\_\_\_\_

Have you ever consulted a Counselor, Therapist, Psychologist or Psychiatrist before now? \_\_\_\_\_  
If yes, please state when and for how long. \_\_\_\_\_

\_\_\_\_\_

What were your concerns at that time? \_\_\_\_\_

\_\_\_\_\_

Prior Counselor's name and address \_\_\_\_\_

\_\_\_\_\_

Have you ever taken medication for stress, anxiety, depression, a nervous condition, sleep, or any  
emotional or mental reason? \_\_\_\_\_ Names of medications and doses \_\_\_\_\_

\_\_\_\_\_

When did you take them and for how long? \_\_\_\_\_

Have you ever been hospitalized for a nervous or mental condition? \_\_\_\_\_ If yes, please state when  
and for how long \_\_\_\_\_

Name and address of hospital \_\_\_\_\_

Church membership, religious affiliation and/or spiritual beliefs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What traumatic events or significant losses have occurred in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly state why you are seeking counseling at this present time \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who referred you or how did you find out about this service? \_\_\_\_\_

May our office send a "Thank You" card to the referring individual? \_\_\_\_\_

Signature \_\_\_\_\_